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		Substitute	OF FORM PTO-875	TION RECORD	Application and OMB control number
			2 0 1 10-675		Application or Docket Number
		CLAIMS AS FILED - F	PARTI		10 US 4001
		(Column 1)	(Column 2)	SMALL ENTITY	OR OTHER THAN
	FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA		OR SMALL ENTITY
ン	. (37 CFR 1.16(a))		T HOMBER EXTRA	RATE FEE	
Q.	TOTAL CLAIMS (37 CFR 1.16(c))				RATE FEE
2007	INDEPENDENTION	minus 20 '=	•		OR   1
<u>ر</u> ر	(37 CFR 1.16(b))	minus 3 =		- X \$=	ÖR X \$ = ·
IJ	MULTIPLE DEPENDENT CL			X 5	OR XS -
			R 1.16(d))	+,	OR   X S =
•	If the difference in column	1 is less than zero, enter "O"	in column 3		OR + 5
				TOTAL	OR TOTAL
	M 10	S AS AMENDED - PA	RTII		TOTAL
	7-19-05 (Col	⊔mn 1) (Ca	Numn 2) (Column 3)		1
	H/ CI	AIMS 1	HEST (Column 3)	SMALL ENTITY	OR OTHER THAN
	E ////OCT REM	TER NUI	MBER PRESENT		SMALL ENTITY
	E Total AMEN	DAY I FILEY	OUSLY EXTRA	RATE ADDI. TIONAL	RATE ADDI
•	(37 CFR 1.16(c))	Minus "	7	FEE	TIONAL
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	₹ FIRST PRESENT	7	1	x \$100 =	
- 1	THE SENTATION OF	MULTIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))		OR $x : 200 =$
- 1	,			TOTAL	OR 1360=
	(Cal			ADD'I EEE	TOTAL
	(Column CLAIN	4S (Colur	nn 2) (Column 3)	·	OR ADD'L FEE
Γ		ING NUMBI	ST PRESENT		
- 1	AMENDM		SLY EXTRA	RATE ADDI-	RATE ADDI
	Total (31 cFR 1.16(c))  Independent (37 cFR 1.16(b))	Minus "	<del>///   =   </del>	TIONAL FEE	TIONAL
	U (37 CFR 1.16(b))	Minus ***		x : <u>Z5</u> =	FEE
	<u> </u>			x \$ 100=	
-	FIRST PRESENTATION OF MUI	LTIPLE DEPENDENT CLAIM (	37 CFR 1 16(d))	0	x x 200=
-				+ s/BO= OR	+360=
	·			ADD'I FEE	TOTAL
	(Column 1) CLAIMS	(Column 2	(Column 3)	OR	ADD'L FEE
E		HIGHEST NUMBER	PRESENT		
MENT	AFTER AMENDMEN	_ I PREVIOUS	Y EXTRA	RATE ADDI-	RATE ADDI
18	Total (37 CFR 1.16(c))	Minus **	+	TIONAL FEE	ADDI- TIONAL
1 2	Independent (37 CFR 1.16(b))	Minus ***		:25 =	FEE
AMEND		1 1	= ·     -	100= OR	x s <u>50</u> =
	FIRST PRESENTATION OF MULTIF	LE DEPENDENT CLAIM (37.6	-     X3	OR OR	x : 200=
l			+ s	<i>180</i> = OR	
	If the entry in column 1 is less th		TO1	AL .	+ 3W
	If the entry in column 1 is less th If the "Highest Number Previous! If the "Highest Number Previous! The "Highest Number Previous!	y Paid For" IN THIS SPACE	le "0" in column 3.	UR UR	ADD'L FEE
hic ac	If the "Highest Number Previously If the "Highest Number Previously The "Highest Number Previously lection of information in the state lection of the state lection le	Paid For IN THIS SPACE	is less than 20, enter "20" s less than 3, enter "3"		
JSPTO	lection of information is required to process) an application. Confi	by 37 CFR 1.16. The infor	ent) is the highest number	found in the appropriate box in co	
ndudine	t and had a series of the seri	dentiality is nove	is required to obta	ain or rotale	word (,

The \*Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this birden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.